# **Maine Family First Prevention Services Act Logic Model**

#### TARGET POPULATION

- •Children ages 0-18 who are at imminent risk of entering or re-entering foster care.
- •Parents who need parenting support compounded by domestic violence, mental health and/or substance use, placing their children at imminent risk of entering foster care.
- ·Pregnant or parenting foster youth.
- •Youth placed in residential treatment programs.

#### **INPUTS**

- ·Training and supports for state and community workforce.
- •Availability of evidence-based prevention services.
- •Aligned DHHS prevention policies with practice.
- ·Enhanced child welfare information management system.
- •Cross state & community agency collaboration (medical, behavioral health, social service, developmental)

#### THEORY OF CHANGE

<u>Root Cause:</u> Limited availability of preventative services can make it challenging for at risk families to maintain their children safely in the home leading to children entering foster care.

<u>Goal:</u> Increase prevention services available to families that will help address domestic violence, mental health, substance use, and parenting challenges through agency collaboration, utilization of evidenced based practice, and workforce support.

So that families can receive support and treatment to meet their needs;

So that there is enhanced safety and positive parenting;

So that children can remain safely in their home.

## INTERVENTIONS

### **OUTPUTS**

# SHORT TERM OUTCOMES

6-18 months

# LONG TERM OUTCOMES

18 months-3 years

### **IMPACTS**

- •Use Structured Decision Making and Candidacy definition to identify youth at imminent risk of entering foster care.
- •Increase the establishment and expansion of evidence-based, trauma-informed, and culturally responsive prevention services that address domestic violence, mental health, substance use, and parenting challenges (family prevention services).
- •Increase partnerships with families, communities, statewide providers, and state agencies to provide a continuum of services for families.
- Modify child welfare policy and practice to include the management and monitoring of prevention service cases.
- •Increase training and support for child welfare staff.
- •Enhance the child welfare information management system.
- •Evaluate the effectiveness of prevention services.
- •Establish Qualified Residential Treatment Programs in Maine.

- Youth identified as being at imminent risk of entering foster care will receive an individualized prevention plan and prevention services.
- •Families will have increased knowledge of and accessibility to a variety of evidence-based practices that fit their needs.
- •Services and supports in Maine will be delivered in a traumainformed and culturally responsive manner.
- •Child welfare staff will be welltrained and effective at continuously monitoring family risk and safety factors.
- Data collection will be continuous and used to monitor the effectiveness and appropriateness of programs and services.
- •MaineCare and Licensing rules related to children's residential treatment programs will be modified to meet the Qualified Residential Treatment Program designation.

- •Increased family functioning through empowerment, improved relationships, and learned skills as evidenced by successful completion of services.
- Increased child safety, permanency and well-being and reduction in child maltreatment.
- •Increased capacity in Maine to provide evidenced-based services and community supports to families.
- •Increased collaboration among community providers to ensure families have access to a continuum of Prevention Services.
- •Providers will interact with youth and families in a trauma responsive and culturally responsive manner.
- •Child welfare staff will be knowledgeable about risk factors and have access to an array of evidencebased practices to mitigate them.
- •All of Maine's children's residential treatment programs will achieve a Qualified Residential Treatment Program designation.

- Increase in the number of service providers implementing evidence-based, traumainformed, and culturally responsive prevention services.
- •Increase in number of referrals to family prevention services.
- •Decrease in the number of children experiencing child abuse and neglect, and the adverse effect of removal from the home.
- •Children's residential treatment programs in Maine will provide high quality services to all children.

- •Safely reducing the number of children entering foster care.
- •An increase in the number of children who are safely living with their families at home.
- •A reduction in re-entry into foster care due to repeat maltreatment or disrupted adoption.
- •A reduction in the number of children requiring residential treatment.
- •An increase in the quality of services for all youth placed in residential treatment programs.



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